

**Name:**

**Date of Birth:**

**Address:**

**Contact Phone:**

**REQUESTING PRACTITIONER:**

**REFERRAL FOR:**

**CLINICAL DETAILS:**

LMP:

EDD:

**Please tick appropriate box(es):**

- First Trimester Ultrasound (Dates & Viability)
- First Trimester Screening including NT
- First Trimester Ultrasound + NIPT
- Early Fetal Anatomy +/- NIPT (13+ weeks)
- Fetal Morphology Ultrasound (20 weeks)
- Growth and Wellbeing Ultrasound
- Second Opinion Ultrasound
- Prenatal Diagnostic Test (Amnio / CVS)
- Fetal Echo (Dr D'Orsogna)
- Consultation (Clinical details please)
- Gynaecological Ultrasound
- Saline Infusion Sonogram
- HyCoSy Contrast Sonography  
(Tubal patency assessment +/- Lipiodol)

**URGENT** **COPY TO:**

**REFERRING DOCTOR'S SIGNATURE:**

**DATE:**

**Phone Bookings:**

**WEST LEEDERVILLE** (tel) **08 9388 1340** (fax) **08 9388 1351**  
**MURDOCH** (tel) **08 9310 1888** (fax) **08 9310 1999**

**DR. ANTHONY J MURPHY**

MB Ch.B FRANZCOG DDU COGU

**DR. SEONAI D MULROY**

BSc (Hons) MBBS (Hons) FRANZCOG DDU

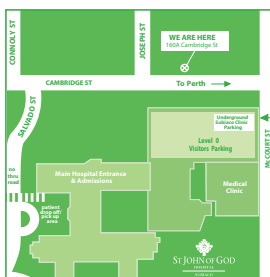
**DR. EMMELINE LEE**

MBBS FRANZCR DRANZCOG

**DR. GLEN LO**

MBBS BMedSc(Hons) FRANZCR

**Locations and Contact Details**



**WEST LEEDERVILLE**

The Olive Grove Centre,  
Unit 1, 160A Cambridge Street,  
West Leederville WA 6007

Parking is either on the street or underground  
at the SJOG Subiaco Clinic.

**Phone** (08) 9388 1340  
**Fax** (08) 9388 1351



**MURDOCH**

Suite 62, 4th Floor,  
SJOG Wexford Medical Centre  
3 Barry Marshall Parade,  
Murdoch WA 6150

**Phone** (08) 9310 1888  
**Fax** (08) 9310 1999

**Notes:** • All patients should be advised to present with a moderately full bladder. 2 glasses in the hour prior to the scan is adequate. They need not be uncomfortable.  
• For some examinations, a transvaginal scan may be necessary, provided the patient gives consent.